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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	14772.17
	First Named Inventor	Kim A. Anderson
	COMPLETE IF KNOWN	
	Application Number	09/210,358
	Filing Date	12/11/98
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Method for Identifying the Geographic Origin of a Fresh Commodity

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 12/11/98 as United States Application Number or PCT International Application Number 09/210,358 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.
60/069,036	12/12/97	

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ORIGINAL FILED

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number _____
OR

☒ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Herbert L. Allen	25,322	Christopher F. Regan	34,906
Carl M. Napolitano	37,405	Jeffrey S. Whittle	36,382
Jacqueline E. Hartt	37,845	Richard K. Warther	32,180
Enrique G. Estévez	37,823		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:	<input type="checkbox"/> Customer Number _____ or Bar Code Label _____	OR <input checked="" type="checkbox"/> Correspondence address below
Name	Jacqueline E. Hartt, Ph.D.	
Address	Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.	
Address	255 South Orange Avenue, Suite 1401 P.O. Box 3791	
City/State/Zip	Orlando, Florida 32802-3791	
Country	U.S.	Telephone (407) 841-2330 Fax (407) 841-2343

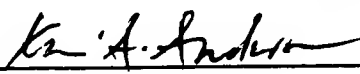
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle — (if any))

Family Name or Surname

Kim A. Anderson

Inventor's Signature		Date	9-22-99
Residence	Troy, Idaho	Country	US
Post Office Address	406 Polly Street		
City/State/Zip	Troy, Idaho 83871	Country	US

☒ Additional inventors are being named on the 1 supplemental additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
Brian Smith			
Inventor's Signature	<i>Brian Smith</i>	Date	4/22/99
Residence	Troy, Idaho	Country	US
Post Office Address	406 Polly Street		
City/State/Zip	Troy, Idaho 83871	Country	US

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
Bernadene Magnuson			
Inventor's Signature	<i>Bernadene Magnuson</i>	Date	4/22/99
Residence	Moscow, Idaho	Country	US
Post Office Address	116 Flint Street		
City/State/Zip	Moscow, Idaho 83843	Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(3)

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number 21652.CIP1	
<input type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor Kim A. Anderson	
OR		COMPLETE IF KNOWN	
<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Application Number 09/995,257	
		Filing Date 11/27/2001	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IDENTIFICATION SYSTEM AND METHOD FOR DETERMINING THE GEOGRAPHIC ORIGIN OF A
FRESH COMMODITY**

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **11/27/2001** as United States Application Number or PCT International Application Number **09/995,257** and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
09/210,358	12/11/1998	Pending

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the

Patent and Trademark Office connected therewith: ☐ Customer Number _____
OR

☒ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Herbert L. Allen	25,322	Paul J. Ditmyer	40,455
Christopher F. Regan	34,906	Michael W. Taylor	43,182
David S. Sigalow	36,006	John F. Woodson, II	45,236
Richard K. Warther	32,180	Mark R. Malek	46,894
Carl M. Napolitano	37,405	Richard A. Hinson	47,652
Enrique G. Estévez	37,823	Brandy C. Hill	P-51,280
Jacqueline E. Hartt	37,845		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number _____ or Bar Code Label _____ OR ☒ Correspondence address below

Name	Jacqueline E. Hartt				
Address	Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.				
Address	255 South Orange Avenue, Suite 1401 P.O. Box 3791				
City/State/Zip	Orlando, Florida 32802-3791				
Country	US	Telephone	(407) 841-2330	Fax	(407) 841-2343

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle — [if any])	Family Name or Surname
Kim A. Anderson	

Inventor's Signature			Date		
Residence	Corvallis, OR	Country	US	Citizenship	US
Post Office Address	7555 NW McDonald Circle				
City/State/Zip	Corvallis, OR 97330		Country	US	

☐ Additional inventors are being named on the _____ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])	Family Name or Surname		
Brian Smith			
Inventor's Signature		Date	
Residence	Corvallis, OR	Country	US
Citizenship	US		
Post Office Address	7555 NW McDonald Circle		
City/State/Zip	Corvallis, OR 97330	Country	US

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])	Family Name or Surname		
Bernadene Magnuson			
Inventor's Signature		Date	
Residence		Country	US
Citizenship	US		
Post Office Address			
City/State/Zip		Country	US

ASSIGNMENT

WHEREAS, **KIM A. ANDERSON** of 7555 NW McDonald Circle, Corvallis, Oregon 97330, **BRIAN SMITH** of 7555 NW McDonald Circle, Corvallis, Oregon 97330, and **BERNADENE MAGNUSON** of _____, hereinafter collectively referred to as Assignors, have made certain improvements or inventions in **SYSTEM AND METHOD FOR IDENTIFYING THE GEOGRAPHIC ORIGIN OF A FRESH COMMODITY**, for which Assignors have executed an application for United States Letters Patent filed of even date herewith; and

WHEREAS, **FLORIDA DEPARTMENT OF CITRUS** and **IDAHO POTATO COMMISSION**, hereinafter referred to as Assignees, are desirous of acquiring the same;

NOW THEREFORE, This Indenture Witnesseth: That for good and valuable consideration, receipt whereof is hereby acknowledged, Assignors do hereby assign and transfer to Assignees, their successors and assigns, all right, title and interest in and to said United States Patent application, the invention or inventions therein shown and described and any improvements on said inventions heretofore or hereafter made, any divisions or continuations of said application, and all patents, United States and foreign, to be granted upon any such application or for the invention or inventions thereof, and any reissues, continuations or extensions of said patents, each Assignee to own an undivided one-half interest in the whole; and Assignors do hereby authorize and request the Commissioner of Patents to issue all patents on said United States Patent applications or for the invention or inventions hereof, in accordance with this assignment.

Provided, however, that Assignors retain for themselves a personal and non-assignable royalty-free non-exclusive license to use the inventions disclosed and claimed in the application and any later improvements made by Assignors for the purpose of obtaining funds for grants funding research into the use of the inventions or any such later improvements for determining geographic origin of commodities other than potatoes and citrus fruit ("Other Commodities"). Provided further, in the event that such further research by Assignors for Other Commodities leads to royalty income derived from the licensing of any patents issuing from this application or any later improvements, then Assignors and Assignees shall share any royalty income derived from the licensing for Other Commodities equally.

And Assignors for said consideration hereby covenant and agree that each of the Assignors is the owner of the full title herein conveyed and have the right to convey the same, and agree that Assignors will communicate to Assignees any facts known to Assignors respecting said invention or inventions, and testify in any legal proceedings when called upon by Assignees, sign all lawful papers deemed by Assignees as expedient to vest in it the legal title herein sought to be conveyed or for the filing and prosecution of all applications and patents, United States and foreign, and otherwise aid Assignees, their successors and assigns, in obtaining full patent protection on said invention and enforcing proper protection under said patents, but in every instance at the Assignees' expense.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on the day and year set forth below.

Date: _____

KIM A. ANDERSON

STATE OF OREGON
COUNTY OF _____

On this _____ day of _____, 2002, before me personally appeared the above-named KIM A. ANDERSON, to me personally known as the individual who executed the foregoing assignment, and who acknowledged to me that she executed the same of her own free will for the purposes therein set forth.

NOTARY PUBLIC
My Commission Expires:

SEAL

Date: _____

BRIAN SMITH

STATE OF OREGON
COUNTY OF _____

On this _____ day of _____, 2002, before me personally appeared the above-named BRIAN SMITH, to me personally known as the individual who executed the foregoing assignment, and who acknowledged to me that he executed the same of his own free will for the purposes therein set forth.

NOTARY PUBLIC
My Commission Expires:

SEAL

Date: _____

BERNADENE MAGNUSON

STATE OF MARYLAND
COUNTY OF _____

On this _____ day of _____, 2002, before me personally appeared the above-named **BERNADENE MAGNUSON**, to me personally known as the individual who executed the foregoing assignment, and who acknowledged to me that she executed the same of her own free will for the purposes therein set forth.

NOTARY PUBLIC
My Commission Expires:

SEAL